

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 8, 2024

[REDACTED], ADMINISTRATOR
WHITEMARSH HOUSE INC.

RE: WHITEMARSH HOUSE
31 WEST MILL ROAD
FLOURTOWN, PA, 19031
LICENSE/COC#: 12786

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WHITEMARSH HOUSE License #: 12786 License Expiration: 02/04/2024
Address: 31 WEST MILL ROAD, FLOURTOWN, PA 19031
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: WHITEMARSH HOUSE INC.
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/17/1985 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional Exit Conference Date: 12/19/2023

Inspection Dates and Department Representative

12/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 26 Residents Served: 6

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 2
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 2 Have Physical Disability: 1

Inspections / Reviews

12/19/2023 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/19/2024

01/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/05/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/24/2024

Inspections / Reviews *(continued)*

01/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/16/2024

02/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The sprinkler room is being used to stored boxes, trash bags, building materials, and papers. Potentially a sanitation and fire safety hazardous condition.

Plan of Correction

Accept (█) - 01/25/2024)

In response to the violation on 12/19/23, immediate action was taken by the Executive to secure a contractor to clean out the Sprinkler room. A contractor (1-800-GOT-JUNK) has been obtained and will clear out all of the stored boxes, trash bags, building materials, papers, and any other items that may be potentially a sanitation and fire safety hazardous condition in the Sprinkler room on 1/23/24.

A staff meeting was held on 1/10/24 and the Executive Director verbally educated all staff on all violations that occurred and the importance of keeping the basement clear of all hazards once clean out to remain in compliance. The basement sprinkler room and furnace room will be added to the monthly maintenance Environmental rounds checklist. The Maintenance person will check monthly to ensure that the areas remain clutter free beginning 2/1/24. The Executive Director will include the sprinkler room and furnace rooms on the monthly administrative meeting agenda to ensure it remains in compliance. Audits will be conducted each quarter by the Executive Director to include the sprinkler and furnace rooms continuing to remain free of hazards beginning with the end of quarter one's meeting in April 2024.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (█) - 02/08/2024)

96a - First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

There was no first aid kit in the home.

Plan of Correction

Accept (█) - 01/19/2024)

In response to the violation on 12/19/23, immediate action was taken by the Director of Nursing to purchase all the materials needed for the First Aid Kits to be in compliance. A First Aid kit checklist has been created to ensure that all materials required are in the kits at all times. The check list will be checked monthly by the Facility Nurse beginning 1/2/24.

Licensee's Proposed Overall Completion Date: 01/20/2024

Implemented (█) - 02/08/2024)

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

There was an unlabeled, undated bag of nuggets in the freezer.

Plan of Correction

Accept (████) - 01/19/2024)

In response to the violation on 12/19/23, immediate action was taken by the Executive Director who verbally educated all staff on the importance of labeling all food and properly storing it. A staff meeting was held on 1/10/24 where the subject of proper storage and labeling of food was addressed. The executive Director has made labels available in the kitchen for all staff to use for labeling all food properly to ensure compliance. The Office Manager will check the kitchen, and all freezers and refrigerators weekly to make sure that all food is properly stored and labeled to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/20/2024

Implemented (████) - 02/08/2024)

125a - Combustible Storage

4. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 12/19/23 there were cardboard boxes, papers, trash bags, unused and broken furniture and appliances, paint cans and other building materials stored in the furnace room.

Plan of Correction

Accept (████) - 01/25/2024)

In response to the violation on 12/19/23, immediate action was taken by the Executive to secure a contractor to clean out the furnace room. A contractor (1-800-GOT-JUNK) has been obtained and will clear out all of the cardboard boxes, papers, trash bags, unused and broken furniture and appliances, paint cans and other building materials as well as any other items that may potentially be a fire safety hazardous condition in the furnace room on 1/23/24. Once cleaned out the furnace room will remain clear of hazardous material to ensure compliance. A staff meeting was held on 1/10/24 and the Executive Director verbally educated all staff on all violations that occurred and the importance of keeping the basement clear of all hazards once clean out to remain in compliance. The basement sprinkler room and furnace room will be added to the monthly maintenance Environmental rounds checklist. The Maintenance person will check monthly to ensure that the areas remain clutter free beginning 2/1/24. The Executive Director will include the sprinkler room and furnace rooms on the monthly administrative meeting agenda to ensure it remains in compliance. Audits will be conducted each quarter by the Executive Director to include the sprinkler and furnace rooms continuing to remain free of hazards beginning with the end of quarter one's meeting in April 2024.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████) - 02/08/2024)

131f - Fire Extinguisher Inspection

5. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

131f - Fire Extinguisher Inspection (continued)

Description of Violation

The fire extinguisher in the home's van has not been inspected by a fire safety expert.

Plan of Correction

Accept (████ - 01/19/2024)

In response to the violation on 12/19/23, immediate action was taken by the Executive Director who removed the Fire Extinguisher from the Van, as it is not required to be in there. A new fire Extinguisher will be purchased by 1/31/24, and the receipt will be kept in the van for one year, until it is time to be inspected by a fire safety expert.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████ - 02/08/2024)

141b1 - Annual Medical Evaluation

6. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on ██████████. The resident's previous medical evaluation was completed on 09/26/22.

Plan of Correction

Accept (████ - 01/19/2024)

In response to the violation on 12/19/23, immediate action was taken by the Executive Director, who on 12/19/23 verbally educated the Nurse that all medical evaluations must be completed in a timely manner to ensure compliance. A checklist has been updated for all residents with their names and date of last medical evaluation so that all medical evaluations for 2024 are scheduled and completed on time. The executive will check the checklist at the beginning of each month to ensure that appointments are made. Monthly administrative meetings will be held to discuss and make sure all medical evaluations have been completed or scheduled for the month, beginning 1/2/2024.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████ - 02/08/2024)

171b5 - First Aid Kit

7. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

There was no first aid kit in the home's van used to transport residents.

Plan of Correction

Accept (████ - 01/19/2024)

In response to the violation on 12/19/23, immediate action was taken by the Director of Nursing to purchase all the materials needed for the First Aid Kits to be in compliance. A First Aid kit checklist has been created to ensure that all materials required are in the kits at all times. The check list will be checked monthly by the Facility Nurse beginning 1/2/24.

Licensee's Proposed Overall Completion Date: 01/20/2024

171b5 - First Aid Kit (*continued*)

Implemented ([REDACTED] - 02/08/2024)